

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL N.

FILING DATE

APPLICANT(S)

08/31/94 9/30/94

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51						
2	1						52						
3		1					53						
4		1					54						
5		1					55						
6		1					56						
7		1					57						
8	1					1	58						
9		1					59						
10		1					60						
11		1					61						
12		1					62						
13	1						63						
14		2					64						
15		2					65						
16	1						66						
17	1						67						
18		1					68						
19		1					69						
20	1						70						
21		1					71						
22		1					72						
23	1						73						
24		1					74						
25							75						
26							76						
27							77						
28							78						
29							79						
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32							82						
33							83						
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35							85						
36							86						
37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	8						TOTAL IND.						
TOTAL DEP.	18						TOTAL DEP.						
TOTAL CLAIMS	26						TOTAL CLAIMS						